

PERISCOPE.

PERSISTENT SPASM OF THE LEVATOR ANGULI SCAPULÆ MUSCLE.

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MONOSPASM, or spasm of a limited number of muscular fibres or groups of muscles, like monalgia or pain restricted to single trunk, branch or centre of a sensory nerve is equally significant and valuable to the neurologist, for diagnostic purposes, with diffuse pain or generally distributed convulsive movement. It is significant and interesting by contrast and for comparison and physiological study as well as for clinical diagnostic purposes.

In our study for neurological phenomena, we are quite familiar with *mono* as well as with the multiple or general spasm, with monomania as well as with general insanity, with localized, as well as with general neuralgia. In fact, manifestation of these in localities and in part is more common than in general.

But certain forms of chronic monospasm are as infrequent as are that limited and restricted psychical painful disease which we might designate as monomelancholia, a phase of a psychiatric disorder which has sometimes fallen under my own personal observation and been described in other terms by good psychiatric authority, but which may be called a comparatively rare form of mental disease.

The spasmodic tabetic crises (laryngeal æsophageal, cardiac, gastric, etc.), possess a painful and peculiar interest to the neurologist, which we place in juxtaposition for interesting differential study, with the more evanescent and not so discouragingly significant phenomena of hysteria and the grave states of atrophic and spastic paralysis.

No part of the muscular system innervated by the cerebro-spino-neural mechanism is free from the possibility of spasms; from the muscles of the eye to those of the scrotum or testicle, though we are clinically and by physiological experiment much more familiar with spasm in some parts of the organism than in others.

The spasmodic phenomena of tetanus, of tabes, of hystero-epilepsy, of tetany (or tetanilla, as Ross prefers to call it, and which is more exactly expressive), of catalepsy, of Thommssen's disease, of the eclampsias (toxic, anti-toxic, thermic or febrile, idiopathic febrile, asphyiate, reflex, etc.), and the monospasms and unilateral convulsions of cerebral cortex, irritation, etc., remind us how omnipresent and universal, for cause, spasms may be in the organism.

Trismus, torti-collis, main en griffe, angina pectoris, Bell's palsy, occulo-motor monospasm and the graphospasms, are the professional hyperkinésies that have become classical through oft recognition and exact description in the literature, but there is a region of the neck and shoulder which I have seen under the influence of prolonged spasm in an extremely young subject—a child of two years—which I have never seen before or heard described by any *confrère* in the study of neuriatry or psychiatry, nor is generally described in the books on neurology. Ross, however, has mentioned it as a spasm of the levator anguli scapulæ, "the upper and inner angle of the scapula being strongly elevated, the head slightly inclined to the same side, the shoulder drawn forward, the supra-clavicular form increased in depth, the contracted muscle projecting distinctly beneath the anterior border of the trapezius," giving the appearance in a young child, of congenital deficiency, as well as deformity by displacement of the scapula. The displaced scapula appears at first sight much smaller than its compliment on the opposite side, though by actual measurement there appears no difference.

The child is two years old. The deformity appeared about six months ago, after a spell of fever, probably convulso-spinal fever, from the mother's description. The father's history could not be accurately learned, but he is

an apparantly healthy laboring man ; drinks, but not an inebriate. The mother brought the child to Dr. Harry Hodgen, from whose hands the case was passed to me. Dr. Hodgen's acknowledged skill in orthopedic diagnosis not enabling him to detect any joint lesion, or any tendious trouble remediable by operation.

The cause of this spasm is in my judgment, cervical spino-meningeal irritation at the origins of the brachial plexus, from which innervation of the levator anguli scapulæ and contiguous muscles of the shoulder-blade is derived.

This meningeal irritation is probably the legitimate sequence of a previous spinal meningitis.

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